Fill in this information to identify the case:					
Debtor 1	Gary A. Lunn				
Debtor 2 (Spouse, if filing)	Sharon L. Lunn				
United States Bankruptcy Court for the: Middle District of Pennsylvania					
Case number	5:15-bk-02167-RNO	(State)			

Form 4100R

Response to Notice of Final Cure Payment

10/15

lame of creditor:	U.S. Bar	nk Trust Nation	nal Asso	ociation, et a	<u> </u>				1-1	laim n	o . (if known):
ast 4 digits of any	number you	use to identify	the debt	tor's account:	5_	_4_	8	_5			
roperty address:	27204	Route 187									
	Number	Street									
	Wysox		PA	18854							
	City		State	ZIP Code	-						
art 2: Prepetitio	n Default I	Payments									
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Α. Middle Name Lunn Last Name

Part 4:

Debtor 1

Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges, expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid.

Part 5:

Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim.

Check the appropriate box::

I am the creditor.

I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

	/s/ Deanna Vargas Signature				Date July 1, 2020		
Print	Deanna First Name	Middle Name	Var Last Nan		Title	Bankruptcy Specialist	
Company	BSI Financial Services						
If different fr	om the notice addres	s listed on the proof of	claim to whi	ch this respons	e applies:		
Address	314	S. Franklin S	Street, 2	nd Floor			
	Titusville	Sueer	PA	16354			
	City		State	ZIP Code			

Form 4100R

Contact phone (949) 201_- 4287___

City